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## PUBLIC HEALTH REPORTS.

### UNITED STATES.

[Reports to the Surgeon-General United States Marine-Hospital Service.]

*Abstract of replies received in reply to request for reports on influenza (la grippe).*

[Continued from PUBLIC HEALTH REPORTS, Nos. 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16.]

BAHAMAS—*Nassau*.—La grippe can hardly be said to be prevailing here at all.

BRAZIL—*Bahia*.—There has been no epidemic of influenza in this locality since 1893, and the few cases that have been here since have been purely of a sporadic nature and without fatal result.

BRITISH INDIA—*Calcutta*.—La grippe first appeared about 1890. It not infrequently assumes the pneumonic type and has apparently caused an appreciable addition to the mortality, though the deaths are not recognized or registered as influenza. The bacillus has been separated from the sputum in several of these cases. There are few Europeans or natives in the large towns who have escaped. The attacks reported were typical, a slight rigor, temperature about 101° F. to 103.5° F. for a few days, aching pain in the back and lower limbs with great lassitude and a persistent bronchitic cough.

CHINA—*Hongkong*.—There has been no epidemic of influenza here during the winter, and there have been few, if any, cases.

COLOMBIA—*Bocas del Toro*.—The only cases of la grippe that have been observed have been in persons that have come from the United States, and, of course, were over the acute symptoms, and, under the soft atmosphere of the tropics, seemed to make a good recovery, and that very quickly. No record of the number of cases has been kept, but they have been limited.

COSTA RICA—*San José*.—La grippe does not prevail in epidemic form. Some isolated cases occur throughout the year. These are of the catarrhal type and last from two to three days, yielding to Rochelle salts, followed by quinine and phenacetin.

ECUADOR—*Guayaquil*.—La grippe is not prevailing in this consular district, but 2 deaths from that disease having occurred from January 5 to March 2.

HONDURAS—*Amapala*.—No case of la grippe has been known in this consular district or the surrounding country.

JAPAN.—Influenza has been present, pretty generally distributed, and more or less active in Japan since the outbreak in 1889, of the existing, prolonged, pandemic of the disease.

Although Japan is, geographically, not so very far removed from the district of Asia in which most epidemics of la grippe are supposed to originate, the malady reached this country in 1889, evidently from the Pacific coast of America, only after having traversed the greater portion of the circumference of the globe. It may be noted here that one of the very earliest cases known in Japan presented every evidence of transmission of the disease by letters received from a la grippe infected household in San Francisco.

Since 1889 the disease has been constantly present in this Empire and has never been entirely absent from Yokohama, but has widely varied both in type and intensity, and the type of any given sub-epidemic has, as a rule, been clear and generally prevalent.

The larger number of exacerbations of the epidemic have affected chiefly the respiratory systems of the patients, but pharyngeal and gastro-intestinal cases have been in several outbreaks, and in one year were almost exclusively met with.

During the winter of 1893 and 1894 the larger number of cases attacked suffered from a severe and obstinate vesicular or ulcerous stomatitis, often accompanied by violent facial herpes, chiefly about the mouth. These, after the usual initiatory symptoms characterizing influenza, being almost the sole effects of the intoxication observed at the time.

The neuropathic form of the disease, though occasionally well marked, and the post-grippal neurasthenia, varying in intensity in different annual epidemics, has not, within my experience, been very prominently present in any outbreak. It has, however, been noticeable that, at certain periods, the severity and persistence of neurasthenic symptoms appeared to be out of all proportion to the intensity of the initial attack.

Complications and sequelæ, when occurring, seem to have differed in no respect from those met with elsewhere, save that diplococcal pneumonia being exceedingly rare in Japan, this pathological condition has here been most infrequent post grippe.

The mortality of influenza in Japan, though undoubtedly great in the aggregate, has scarcely attained that of the same malady in Europe and America, though this is a matter of impression only. Statistics are utterly wanting either of the number of those attacked or of the proportionate fatality, nor is material for an even approximately correct estimate upon this subject available.

So far as the foreign residents of Japan are concerned, the loss of life directly, or indirectly, due to influenza has, in fact, been trifling; and the few deaths that have occurred from this cause have generally been due to a carelessness on the part of the patient almost amounting to suicide. It is true that the greater majority of the residents of the open

ports, of European blood, are young or in the prime of life, and in a position to properly care for themselves when ill. Notwithstanding these facts, and the many unfavorable conditions inseparable from the mode of life of the Japanese, neither in native nor foreigner has influenza been so malignant in Japan as it has repeatedly proved to be in the Western Hemisphere.

The subepidemic of the present season began in the late autumn of 1900, so insidiously that no date can fairly be given as that of its outbreak. It has, though more severe than those of the past four or five years, on the whole, been one of comparative mildness. The earlier symptoms have rarely shown themselves with violence, and the organs affected have been chiefly those of the respiratory tract, the results being bronchitis and grippal broncho-pneumonitis.

Recovery has, however, often proved somewhat exceptionally slow, and the tendency to persistence of neurasthenia is evident. Affections of organs other than those involved in the respiratory function have been rather rare, but few cases attacking either the digestive or circulatory systems have been known.

As to treatment, among the natives, so far as I know, there is nothing especial to record. The coal-tar antipyretic and analgesic derivatives and quinia have been extensively given in the earlier stages, subsequent respiratory affections variously treated, mostly by expectorants, and gastro-intestinal complications largely by bismuth and opium. Following the acuter symptoms, of course, tonics have been very generally used. The cases among foreigners have been handled in much the same manner, strychnia being often used in the later prostration, and, hygienically, a change of air recommended, almost invariably with good effect, in such cases as show tendency to slow recovery.

No efforts toward general hygienic measures have been made, although, as the contagiousness of la grippe has gradually forced itself upon the attention of the people, personal contact with those ill from it has of late been avoided wherever possible.

MEXICO—*City of Mexico*.—La grippe appeared at the end of December, 1900, and spread to all parts of the city. During the month of December 4 cases terminated fatally, and in the month of January, 1901, 7 cases. The number of cases can not be stated.

*City of Mexico—Military Hospital of Instruction*.—La grippe patients presented themselves at the Military Hospital of Instruction during the month of December, 1900, and the number of cases increased during the succeeding months. In December there were 20 cases; in January, 72, and in February, 175. The number of patients suffering from general diseases received into the hospital during the past three months is 1,488. The predominant form of la grippe has been pulmonary catarrh, and next to it, the gastro-intestinal. The most frequent complication has been pneumonia, which has caused 12 deaths. The treatment which has given the best results has been the salts of quinine, with antipyrin

and Dover's powder for the pulmonary form, and for the gastro-intestinal purgatives and salicylate of soda.

*Monterey.*—There have been only a few cases of a mild catarrhal type—not enough to constitute an epidemic here. There are now almost no cases, though neuralgia has seemed more than usually prevalent, and is sometimes diagnosed as la grippe, both by the profession and the laity. The treatment of the few cases here has been quinine and the coal-tar derivatives. There have been no deaths. About January 8 there was quite a fatal epidemic of la grippe, followed by pneumonia, at Hondo and other small towns on the line of the Mexican International Railroad near Eagle Pass, Tex.

*San Luis Potosi.*—La grippe has not been as severe here as in the United States and Europe. The number of cases is considerable, but the form of the disease is so mild that the majority are cured without any medical treatment. The most common form has been catarrhal, with localization in the respiratory system. The fatal cases have been in the persons of children and old people. The treatment has generally been diaphoretic and antipyretic in the beginning, followed by tonics indicated by the nature of the complication. The number of cases in the hospitals was 35 during the months of December, 1900, and January and February, 1901. Those in the city are known only by the deaths, which were, during the same period, 20. La grippe appeared during the last two weeks of December, 1900, and reached its maximum in January and early in February, decreasing after this, though not entirely extinct at date of last report.

*Vera Cruz.*—During the year 1900 there were 23 deaths reported from influenza, 20 of which occurred during April, May, and June. There were 159 deaths reported from pneumonia and 74 from bronchitis. During January, 1901, there were some cases in the city, but of a very mild form. The cases are not reported, so it is impossible to make any estimate as to their number. Influenza in Vera Cruz seldom assumes the types reported from the higher altitudes. The treatment is symptomatic, the coal-tar products being given in the first place for the relief of pain and the reduction of temperature. The American schooner *Eleanor*, Captain Voss, arrived here yesterday from Pascagoula, ten days out, with a crew suffering from influenza.

*NORFOLK ISLAND.*—In September, 1900, a severe form of influenza was imported from Sydney. Seventy-nine persons were confined to bed. Of this number, 37 were attacked by pneumonia and 3 died. Then came a lull of a month, followed by a recrudescence of three weeks' duration, during which 30 persons were attacked, of which number 12 had pneumonia. A third and milder recrudescence followed, and at the end of the year the health of the island was fairly good.

*PERSIA.*—Influenza made its appearance in Persia about fourteen years ago—that is, during the winter of 1887 and 1888. It may possibly

have existed previously to that date, but, either on account of the mildness of the symptoms or the failure to make a systematic diagnosis of the disease, it had passed unnoticed.

At the period above referred to, it assumed the form of an epidemic, and prevailed in most of the cities and towns of Persia, raising the ordinary mortality by a considerable percentage. It continued and pursued a fairly defined course for four or five months, and since that time there has been a recurrence of the disease nearly every winter. At the present time a large proportion of the sickness in Teheran is due to this complaint, but, as the season has been unusually warm and dry, the fatal cases have been comparatively few.

The technical term in Persian is meshmesha, which was originally applied to the influenza of horses, and which has been known for a long time past. As the Persian Government does not collect statistics, it would be impossible to form a correct estimate of the number of cases which have occurred or the ratio of deaths to the cases. Among foreigners the mortality has been very low, not more than 2 or 3 per cent, which may be partly accounted for by the favorable conditions of the climate. The characteristic features of the disease are generally of the ordinary type and severity. As the disease sometimes develops into pleuro-pneumonia, it is the indirect cause of many deaths among natives and foreigners. The attack usually begins with a feeling of prostration and fatigue, chills and shivering, which are succeeded by tightness of breath, persistent cough, high fever, vomiting, loss of appetite, and a weak nasal tone of voice in speaking.

The treatment prescribed by the foreign physicians is on the same general lines as elsewhere, but their practice is limited and merely touches the fringe of the area usually affected by the disease. The native doctors have their own system of therapeutics, which consists in the application of natural and simple remedies for the removal of effects due to unnatural causes. These practitioners in influenza cases first prescribe an aperient, which consists either of aloes, salts, senna, sour plums from Bokhara in Turkestan, juice of the water-melon, or a preparation of rose petals and sugar. In administering these remedies, both in quantity and kind, the age and state of health of the patient are taken into account. In addition to the above, diaphoretics, comprising decoctions of violets, camomile flowers, and the seed vessels of the holly-hock are prescribed, and as a tonic quinine and quinine and iron. The diet is usually confined to milk, soup, and various preparations of rice. Protection from cold is strictly enjoined, and in order to induce perspiration a vapor bath on the oriental system is considered a useful adjunct in restoring the patient to a normal physical condition. No special precautions are taken to prevent the spread of the disease.

PERU—*Callao*.—No influenza or la grippe is known at present in this consular district. No deaths from this disease have been reported during the past six months.

*Lima*.—No epidemic influenza in Lima or any port of Peru. The disease prevailed in epidemic form in Lima and in the principal towns of Peru in 1892. It affected almost all the inhabitants, and the mortality from it was considerable. It is the first epidemic of influenza known in this country. In March, 1900, another epidemic spread of the same disease occurred, but with less severity. At both periods the bronchial form prevailed.

PHILIPPINE ISLANDS—*Iloilo*.—There have been no cases of la grippe in this department.

PORTO RICO—*Mayaguez*.—La grippe has been prevailing in this city in a mild type, from about the end of January, 1901. The extent of its prevalence or the number of cases which have occurred since the beginning of the present outbreak can not be estimated, as physicians are not required to report cases of this disease. There have been no deaths from it. No sanitary measures have been taken, and most cases have been without treatment, which has consisted in a very few cases of the use of quinine and analgesics. It is reported that the lack of north winds in this season of the year makes the disease develop so mildly and without secondary complications.

*Ponce*.—La grippe was moderately prevalent in Ponce during January, 67 cases being reported. During the past year there was more or less present all the time with a rather sharp epidemic during April, 1900, when 18 deaths were reported. The months of March, April, and May seem to be the season of its greatest severity.

The type of the disease is mild except in old people and others of poor physical condition, when pneumonia and heart complications are frequently seen. Tuberculosis seems to follow a large number of cases or it may be only a fresh impetus given to a latent tubercular condition, as this disease is very common in Porto Rico. Many of the influenza cases terminate in a remittent (probably malarial) fever, and for this reason quinine enters into the treatment of many cases.

Phenacetin, salipyrin, acetanilid, salol, sod. bicarb, etc., are the usual remedies, used with stimulation and special treatment of complications as indicated.

In uncomplicated cases, the results are good and the patient is out again in a few days. In the severe cases, the gravity of the case is due to the character of the complications and the results vary accordingly. All the fatal cases have been those of serious complications.

*San Juan*.—La grippe appears in San Juan, Porto Rico, every winter, when the northern trades begin to blow—about January 1.

The subepidemic began this year about that date. The form of la grippe prevailing here is of the type characterized by fever and bronchitis; a few cases being seen characterized by fever and gastrointestinal disturbances, or by fever and pain in the muscles and joints. To date 28 cases have occurred in San Juan, with no mortality, the attacks being unusually mild. The treatment followed here is purely

symptomatic, quinine and phenacetin in 3-gram doses being given every three hours until the subsidence of the temperature, which usually occurs on the fifth day, this treatment being followed by a general tonic treatment to counteract the well-known depressing after effects of an attack of "grip."

**SALVADOR—*San Salvador*.**—About 15 per cent of the cases of illness are due to la grippe. The mortality is not severe, as the disease is generally of a slight form, affecting the respiratory organs and muscular system.

No hygienic or preventive measures are taken to check the disease. The treatment generally adopted is symptomatic, phenacetin and quinine, salicylate of sodium, and chlorohydrate of ammonia are the drugs most in vogue. Stimulants are given in connection therewith when necessary and when recovering.

**SPAIN—*Bilbao*.**—No case of influenza or la grippe reported.

***Corunna*.**—Influenza is not prevalent. Four deaths from the disease have been reported since January 1, 1901.

***Valencia*.**—Influenza first made its appearance here in an epidemic and clearly recognizable form eleven years ago. The type was exceedingly severe and was characterized by total loss of appetite, dull pains accentuated in the back and lower limbs, and extreme weakness and prostration. Since that period there have been 4 or 5 visitations of influenza at Valencia, each recurring invasion presenting a milder and less expansive form than its predecessor. Very few deaths have been recorded as directly or immediately due to influenza, but the increased mortality that invariably followed the epidemic was always traceable to the after effects which frequently proved fatal to feeble constitutions or those afflicted with hereditary disease. The population of Valencia numbers 204,000. In normal times the average mortality is 98 deaths per week. After a visitation of influenza the number has increased to 160 per week.

The present winter has been an exceptionally severe one, and influenza has again made its appearance in a mild but complicated form. It does not attack healthy subjects, but only those who are more or less debilitated by hereditary or acquired disease, and invariably involves in some way the diseased or enfeebled organs; hence the existing types of influenza are so varied as to almost present individual characteristics, and are diagnosed by physicians as pulmonary, renal, gastric, intestinal, bronchial, etc., according to the organs affected.

With regard to treatment, no specific has been discovered here of universal application. The most successful treatment, however, consists in inducing copious perspiration by administering sudorifics. In cases where the pores are sluggish and inactive many doctors commence treatment by vigorous external friction with alcohol.

**SWEDEN—*Gothenburg*.**—Influenza appeared here first in the year 1782, when a few cases were reported which possibly could be classified



as influenza. In the spring, 1800, the "grippe," so called, was common here; also in the years, 1804, 1833, 1837, 1851, 1857, and 1863. Any special figures for these years can not be furnished, however, because there were then no regulations prescribing that such diseases should be reported.

This disease did not appear here again until in 1889, and from this time there are some reports which may be of interest. The district physicians in the city were then ordered to report the cases, but the following mortality figures are taken from the register of deaths, which includes the names of all persons who die within the city limits. Thus, while a great number of cases of influenza, treated by private physicians, never are reported, the death figures are complete with reference to the disease under consideration. Therefore, the following figures can not be used for calculating the percentage of deaths in influenza. If all the cases were reported, the death rate would undoubtedly be found very low.

Year.	Cases.	Deaths.	Year.	Cases.	Deaths.
1889.....	2,161	3	1895.....	2,858	27
1890.....	5,670	25	1896.....	1,433	6
1891.....	4,870	33	1897.....	1,971	8
1892.....	2,622	46	1898.....	425	.....
1893.....	3,960	29	1899.....	2,910	19
1894.....	945	23	1900.....	1,637	13

This winter there have been many cases of influenza. In the beginning of this year the weekly figures of reported cases were, respectively, as follows: 440, 572, 391, 282, 202, and 132. Later the reports show further decrease. For the week ended the 9th instant only 58 cases were reported.

The physicians say that at present the character of the disease may be considered as comparatively mild. It is a common belief here, however, that persons convalescent from influenza are sensitive and susceptible to "lung-catarrh" and other diseases of the respiratory organs.

The remedies mostly used here against influenza are quinine and salipyrin and the patient is told to stay in bed, or indoors at least. Further treatment depends on the symptoms in each case.

SWITZERLAND.—No influenza is prevalent. There was a heavy epidemic of influenza in 1890-94. Since then the country has been remarkably free from the disease.

TURKEY—*Sivas*.—Influenza of a mild character prevails here. It began in the early autumn, 1900, was most prevalent during the month of February, 1900, and especially during a fortnight of warm weather when most of the snow melted. Probably half of the people of Sivas (estimated population, 50,000) have had the illness during the last six months. The disease was of no specially marked type. Cases were characterized by bronchial symptoms, coryza, fever, prostration, headache, general muscular pains, and intestinal pains and derangements.

Nose bleed, vertigo, and neuralgias occurred in a small proportion of cases. Complications in order of frequency were conjunctivitis and keratitis, pneumonia, and otitis.

There are no official statistics of the disease here. The mortality was very slight. Treatment was chiefly symptomatic. For this disease, as well as for most others, the public Turkish baths are largely employed. In an orphanage containing 120 inmates, 55 were taken sick with influenza within three days after a visit to the Turkish baths.

WEST INDIES—*Antigua*—*St. John*.—The first cases of la grippe reported occurred about the latter part of December, 1900. Since that period it has rapidly increased in the city, and cases occur daily up to date of this report (March 31, 1901). The type of the disease has been very mild. There have been a few complications, such as pleurisy and pneumonia, in some of the severe cases, but most of the patients recovered. The exceptions were generally young children or old people. Many persons have suffered during convalescence from great general debility. The treatment has been chiefly with ammonia, tincture of quinine, and digitalis. Wherever nervous symptoms existed, which cases were rare, the bromides were administered. Opiates and belladonna have been given as sedatives for cough. Tonics of strychnia and iron, with generous diet and stimulants, have been relied on during convalescence. The total number of cases treated in the month of January was 155, and in February 151, making a total of 363 cases for the first quarter of the year. The total number of deaths from la grippe from January 1 to March 31 was 7, of which 6 were infants. Only 1 adult succumbed to the disease. Of these 7 deaths, 2 occurred in January, 3 in February, and 2 in March.

JAMAICA.—The island is free from influenza.

*Kingston*.—Influenza has never in the past made much headway in Kingston until last year. Isolated cases have occurred, but in no instance, so far as I can ascertain, has it ever attained that terrible virulence which it has gained in more northern climates.

Last year was the first time it appeared in Kingston on the list in anything like an epidemic form, commencing April 1 with 1 death; in May the disease seemed to have assumed quite an epidemic form, as 13 deaths were reported; in June 6 deaths were noted. July shows 1 death, August and September, 1 each, October, 4, and November, 1; in all, 28 deaths.

Since that time (month of November) there has been no death reported, nor has there been any known case of the disease.

WINDWARD ISLANDS—*St. Lucia*.—La Grippe does not prevail in this colony.